STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine Tel: (207)287-4179

FAX: 287-6775
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STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR
JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: Nancy Sullivan MAILING ADDRESS: 20 Westwood DR.	Please check the appropriate box and fill in the District number.
CITY: Biddeford	Member of the Senate, District 4
ZIP CODE: 04005	
PHONE NUMBER: (207) 282-5594-	Member of the House, District

GENERAL INSTRUCTIONS

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate by:</u>

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. <u>Dollar amounts need not be listed.</u>
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (I M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (I M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.	
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

	Name of Employer	Address		<u>oe of Economic</u> f <u>Employer</u>
1	City of SA	co (School Dept) Jaine Ai	Saco 04072'	·Teanher
2	State of	laine Au	iquesta 04333	Legislature
3			·.	
P <i>A</i> 3 A.	Enter the name and addre	ED FROM SELF-EMPLOYMENT ss of your business, if any, and list the happens of a partnership, firm, professional assentity.	e major areas of economic activ	rity from which you derived
	Name and Address of Business Entity	Major Areas of Economic Activity (self)	•	of Economic Activity ciation or similar business entity)
1		e e e e e e e e e e e e e e e e e e e		
2				
3	,	.	·	
В.	\$1,000, whichever is greaterived such income. If the	me derived from self-employment the ter, and specify the principal type of his form of disclosure is prohibited by type of economic activity of the entit	economic activity of the entity of the country of an established co y or person from whom the inc	or person from whom you de of professional ethics,
	Name of Source	Address	of Entity or	Person Who Is the ce of Income
1	MA.			
2		,		
3				
		OF PRACTICE. (For Legislators we will still the major areas of practice		List your major areas of
	Name and Address of Firm	<u>Major Areas of Pro</u> (self)	ractice <u>Major</u>	Areas of Practice (firm)
1		,		
2		,		
2				
' ' →				

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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	Kind or income
		·
	N 18 (A)	U. H.
ART V. DISCLOSURE OF RI 3,000 or more that you received du ot list loans from a relative. If none	ring the reporting period, and list the majo	e names of creditors for any unsecured loans or areas of economic activity of each creditor. I
Name of Creditor	Address of Creditor	Principal Type of Economic Activity of Creditor
•		
•	om a single source. If none, so state. 3.	
•	4	
ART VII. DISCLOSURE OF I		honoraria accepted for appearances or speech
•	3	
·	4,	-
	N BEFORE STATE AGENCIES. Idea compensation of any amount. If none, so	ntify each executive branch agency before which state.
•	3	,
		T THEM

	2	
ART X. INCOME RECEIVED BY M	MEMBERS OF IMMEDIATE F	AMILY.
	I the kind of income represented. I	,000 or more received by your spouse or depen Do not include gifts. Indicate (S) beside source ependent(s).
Type of Economic Activity Representing Each Source of		
Income Received	· ·	Kind of Income
Customer Relation	ns Representati	ve Wages
	W 114HH 1 1	
•		
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•		•
	•	
e intentional filing of a false stat	tement shall be a Class E cris	me. If the Commission concludes that
pears that a Legislator has will torney General. If the Commiss:	ully filed a false statement, it sion determines that a Legisle	t shall refer its findings of fact to the ator has willfully failed to file a requir
	ilse statement, the Legislator	shall be presumed to have a conflict o
tement or has willfully filed a fa		
tement or has willfully filed a fa erest on every question and shal	ll be precluded from voting o	on any question in committee or in eith
tement or has willfully filed a fa erest on every question and shal anch of the Legislature, and shal	ll be precluded from voting o Il not attempt to influence th	e outcome of any question. A Legislat
tement or has willfully filed a fa erest on every question and shal anch of the Legislature, and shal to willfully fails to file a required	ll be precluded from voting o Il not attempt to influence th I statement is subject to a civ	e outcome of any question. A Legislat vil penalty not to exceed \$1,000, payab
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